22c. NAME OF CEMETERY OR CREMATORY

Washington Cemetery

DEPUTY MEDICAL EXAMINER K

DATE

24a. REC'D BY REGISTRAR.

John Mace Jr.

J.J. Framptom and Son, Federalsburg, Maryland

Dec. 1, 1957

12/2/57

246. REGISTRAR'S HIGHATURE

(State)

22d. LOCATION (City, town, or county)
Hurlock, Maryland

burial. for Pe puo Pages PM3. burial pending" in iner's Office 50 should Medicol to the Chief I MEDICAL 07 DEPUTY 0

VS. A 15ME(5) 5M 9/55

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22g. BURIAL CREMATION, 22b. DATE THEREOF

MASS SO STADBILLES SUBMINERS DE DE MASS.

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BUREAU V. &

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BECEINED

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11842

CERTIFICATE OF DEATH 11845

D.	-	Dist.	MI.
- F. GE	ш.	UIST.	. INO.

						**	
1. PLACE OF DEATH a. COUNTY Dorchester Co.	MARYLAND	2. USUAL RESIDENCE (Who as STATE	ere deceased	lived. If instituti b. COUNTY	Dorches		
b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside carpora	ite limits, write R	URAL and give ne	earest lawn)
Cambridge RFD #3	Life	K/Cambridge	RFD #	# 3			
d. NAME OF HOSPITAL (If nat in haspital, give s OR INSTITUTION	street address)	d. STREET ADDRESS				e. IS RES	DENCE
Cambridge RFD #	3	/ Cambridge	RFD #	3			FARM?
3. NAME OF First DECRASED	Middle	Last	4. DATE	Mon	th D	ay 1	fear
(Type or print) Margaret E.	Bennett		OF DEATH	Nov	- 3	. 1	19 67
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEA		
Female White Wit	DOWED 🔂 DIVORCED 🔲	1/31/1869		last birthday) 88 yrs.	Months Days	Haurs	Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	106. KIND OF BUSINESS OR INDU		ar foreign cau		12. CITIZEN	OF WHAT	COUNTRY?
None	None	Cambiridge	RFD #	3	US	i A	
13. FATHER'S NAME	110-100	14. MOTHER'S MAIDEN N	- 11			44,	
William J. Rhea			Martha	Spedden			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		INFORMANT	Ital Direct	Add			_
(Yes, no, or unknown) (If yes, give wor or dates of service)	4.9	eorge H. Benn	et.t.	Cambrid	ge RFD #	4 3	
18. CAUSE OF DEATH [Enter only one cause		COLEC III DOIM	000	Octivot To		TERVAL BE	TWEEN
PART I, DEATH WAS CAUSED BY:	This mide	- 0 701	0	.5		SET AND	DEATH
334X IMMEDIATE CAUSE (o)	myorace	at the		K.,	4	770	and i
Conditions if any orbids	Atomos +						
gove rise to immediate DUE TO	1) william						-
lying cause last.	Bucheris	Well Canel	5-10	Con to	in a male	2-78-	٠٠٠
The second secon	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE	CONDITION GIV	EN IN PART LIE	19 WAS	AUTOPSY
VIII (1) () () () () () () () () (to loca	0	(Ky) 1	7	Taran Italy	PERFO	RMED?
E 200. ACCIDENT WAS UNDERLYING 206.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I ar Part	of item 18.)	7-11	163 []	NO
GR CONTRIBUTING CAUSE OF DEATH					30.2		
	da.	ACE OF INJURY (Hame, farm ictary, street, affice bidg., etc.	, 20f. (City o	ar tawn)	(County	}	(State)
p. m. 19 a	While Nat while 10 twark						
21. I certify that Laftended the de-	ceased fram 11/20	1250 ta /	1/3	1947	that I last s	aw the	deceased
alive an 1/3	1957 and that death	occurred at 6	M. from	the causes of	and on the do	ite state	d ahave
11 700				et, city or town,		PA	TE SIGNED
ACTUAL	Carlos	MD 104 L	OCC.	(57-	2	11/1	45-7
PHYSICIAN'S NAME (Type) WALL H.	LAVKS	0	1.01	160	- 40	/	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	224 10047	ON (City, tawn,	- K-K-M	(6)	
Burial 11/5/57						(Slate	7
23. FUNERAL DIRECTOR'S SIGNATURE	Spedden Sewa		Neck D BY REGISTR	Dist.	Mcl_ STRAR'S SIGNATU	IRF	
LeCompte Funeral Servic			11/5-	7 Onl	774	1 On	
Tooomboo Larelar Delato	C COUNTITUES LIG	• DATE //	14101	1100	a / lar	1	

HTARO TO STADRITHD TO DEATH

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DECENTE

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J.	Д,	U	7	U

1			1890 CEN	TIFICA	AIL OF DEATH			Reg. Di	st. No.	
11	D. PLACE OF DEATH	1			2. USUAL RESIDENCE (W	here decease		on: Resider	ce before	admission)
		Dorchester Co	M. M.	ARYLAND	a. STATE	Md.	b. COUNTY	Doro	hest.	er Co.
	b. CITY OR TOW	N (If outside corporate limi		TAY IN 16	c. CITY OR TOWN (If	2200	prate limits, write R			
ı	Ca mbri	dee Md.	2 Day	78	X2 Hoopersv	ille M	đ -			
ľ	d. NAME OF HO	SPITAL (If not in hospital, a		7.9	d. STREET ADDRESS	hat at 1	u.		e.	IS RESIDENCE
I	Cambri de	e Md. Hospita	1		Hoopersy	ille M	d.			ON A FARM?
Ī	3. NAME OF	Fir		ddle	Lost	4. DATE	Man	th	Doy	Year
	(Type or print)	Zella	Elle	en	Booze	OF DEATH	Nov		8.	19 57
ľ	5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MA	RRIED 🗍	B. DATE OF SIRTH		9. AGE (In years last birthdoy)	IF UNDER	YEAR II	UNDER 24 HR
3	Female	White		RCED 🔲	6 /14/1886		71 yrs.	Months	Days	Hours Min.
ŀ	100. USUAL OCCUP	ATION (Give kind of work	done 10b. KIND OF BUSINES	S OR INDUS	STRY 11. BIRTHPLACE (Stone	or foreign c	ountry)	12. CI	TIZEN OF	WHAT COUNT
Л	None	working life, even if retired	None		Hoopersy	ille M	d.		US.	Λ
	13. FATHER'S NAME		130110		14. MOTHER'S MAIDEN		<u></u>			-
1	Samue	1 T. Hooper				Susan I	Meekins			
	S. WAS DECEASED	EVER IN U. S. ARMED FOR		NO. 17. H	NFORMANT	JASELI I	Add	ress		
1	(Yes, no. or unknown)	(If yes, give wor or dates of s	None	Mr	. Romie C. Bo	ooze	Hoopersy	milla	Md	
F		DEATH Enter only one co	use per line for (o), (b), and		- Itomico O - De	0026	Hoopersy			VAL BETWEEN
1		DEATH WAS CAUSED BY:	(10 ml		Ho man	han.			ONSET	AND DEATH
1	11.113X	IMMEDIATE CAUSE (o			1	. 5	1		-	agy
1	Conditions	if any, which)	Kluss to	1	1 Samuela	Con .	Alexander	0	12	h
ı	gove rise t	o immediate		100-	and the same		Contract		6	1
1	cotse (a), stat	ing the under-								
	_		DITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 19.	WAS AUTOPSY
	PART II.								,	PERFORMED?
		WAS UNDERLYING	206. DESCRIBE HOW INJUR	Y OCCURRE	D. (Enter noture of injury in	Part I or Par	t II of item 18.)			
-1	200. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)								
	3 20c. TIME OF IN	IJURY Month, Day, Yes	ar 20d. INJURY OCCURRED	20e. PL	ACE OF INJURY IHome, for	m, 20f. (City	y or town)	(County)	(State
	Hour a.	m. m.	While Not while	foc	tory, street, office bldg., et	c.)				
1				11	17 2063.	Same	C	7		the decease
	4	that I attended the	1 94	3500	12, 19,5 7, ta	18				
3	alive on	75000	, and to	hat death	occurred at		m the causes a treet, city or town,	ind on t	he date	DATE SIG
1	ACTUAL	2003-	A		Ca	0	The state of the s	- Court	D	11-9-
	SIGNATURE	10100			M.D	men	The t		Į	
	PHYSICIAN'S NAME (Type)									
-	220. BURIAL, CREMA	ATION, 22b, DATE THEREC	OF 22c. NAME OF C	THETERY O	O CREMATORY	1 m4 10C4	TIONICA			464 4.1
	REMOVAL (Spe						TION (City, town, o			(State)
-	Burial 23. FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS	cer M	em. Park	D SY REGIST	oridge TRAR 24b. REGIS		GNATURE	
				202		11.1	00	JIRAK S SI	7 /	n 9m
	recompte	Funeral Serv	ice Cambride	re Md	DATE /	1/11/5	1 78%	n/	me	Lyb.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death:

CERTIFICATE OF DEATH

LOST SI VON

death.

within 24 hours ofter

BUREAU V. S.

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2961 LC No.



V\$. A15ME(5) 5M 9/55 00

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11845

								MAR. DII	11. 1401	
1. PLACE OF DEATH a. COUNTY	Dorchester		MAR	YLAND	2. USUAL RESIDENCE (odmission) R B al.
Taylors Is	ff outside corporate limits, write Land	RURAL	c. LENGTH OF STAY	I IN 1P	E. CITY OR TOWN (I			RURAL and	-	rest town) 🗸
	ors Island	lf not in hos	pital, give street addre	B\$\$)	d. street address 1212 Stee	elton A			1	on a fara?
3. NAME OF DECEASED (Type or print)	arfield Fir		Buddy C1	ark	Lost	4. DATE OF DEATH	Nov.		Doy	Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	DIYORCED		1/17/1926		9. AGE (In years lost birthday) 31 yrs.	Months D		F UNDER 24 HRS Hours Min.
100. USUAL OCCUPATI during most of worki Crane Oper	ng life, even it ratired)		eel Mfg.	RINDUST	W. Va.	e or foreign co	ountry)	US		WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Thomas	Edward Cla	rk			Ber	tha (unknown)		
(Yes, no, or unknown)	VER IN U. S. ARMED FO World War 1	service)	social security no 35–38–4663		romant Mrs. Swannie	Belle	Address		beel	lton Ave
S 50. X Canditions, if a gave rise to imme (a), stating the couse last. PART II. OT	underlying DUE TO	DITIONS CO	INTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	/EN IN PART		WAS AUTOPSY PERFORMEDO, 5 NO 4
PART II. OT	USE WAS ONTRIBUTING		HOW INJURY OCCU		eter nature of injury in Pa	rt I ar Part II	of item 18.)			
20c. TIME OF INJU	700	White		20s. PLAC focto Bay	E OF INJURY (Home, fari ry, street, affice bldg., etc	0.)	or town) Taylors	Island		(Stole) Md.
					e, held an Autop: ide [], Homicide	- many	spectionX, idetermined o		, XI,	and find the
ACTUAL SIGNATURE	John 2	ne	- Ja		M.D. CHIEF MEDICAL E	_	R 🔲			DATE SIGNED
EXAMINER'S NAME (Type)	John Mace	the state of the s	0		DEPUTY MEDICAL	EXAMINER X			10	19/57
220. BURIAL CREMATIC REMOVAL (Specify Burial	226. DATE THEREO		22c NAME OF CEME			Balti	More	or county)		(State)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			D BY REGISTI		STRAR'S SIGN	NATURE	Ò
Wm. J. Tio	kner & Sone	Ra	Itimone 17	MA	DATE	1/11/2	7 Oak	. 77	1110	> Var

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4961 93 AON

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased used. If institution, Residence before admission) a COUNTY . rage files., Realth, g. STATE 5. COUNTY Dorchester Co. MARYEAND Dorchester Co b. CITY OR TOWN III outside corporate limits, write BURAL CLENGTH OF STAY IN 16 c, CITY OR TOWN (If outside carparate limits, write RURAL and give negres) town) fnwo! (seroen avid Orig r your Ird of H Cambridge Md. 1 Hour Cambridge Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) M STREET ADDRESS e IS RES DENCE Ď ON A FARM? (0 I YES NO Cambrid e Md. Hospital 218 Academy St. 3. NAME OF 4. DATE Medella Month Years DECEASED (Type or print) H.Wa Colling DEATH Jones 19 57 Nov. S. SEX 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9 AGE (n venus JE UNDER TYPAR IF UNDER 24 HRS may b lest birthday) 5 may 2 will hours Months Hours Female WIDOWED [7] White DIVORCED F 7. 2. o. Poge 5 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working file, even if refired) 12 CITIZEN OF WHAT COUNTRYS 72 None None Bishops Head Md. TISA 24 hours afte Give Pages 1 A form PM3. pages ent with 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred E. Jones File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Item 18. G 218 Academy St No None Joseph M. Collins 18 CALISE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART & DEATH WAS CAUSED BY Coronary occlusion Titn IMMEDIATE CAUSE (a) 420. pencil in **OUE TO** Canditions, if any, which gove rise to immediate couse **DUE TO** (a), stating the underlying a couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HALL IN. WAS AUTOPSY pasa PERFORMED2. O NOT 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port (I of Item 18) 20o. EXTERNAL CAUSE WAS PRIMARY | at CONTRIBUTING | ъ gno 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) factory, street, office bldg., etc.) Hour While Nat while e m at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection (c) Inquiry | and in my CTOR: opinion death resulted fram: Natural couses 12. Accident . Suicide . Hamicide . Undetermined manner farword DIRECTO DATE SIGNED MEDIC **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) John Jace FUN 220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION [City, town, or county] (State) REMOVAL (Specify) Rurial Dorchester Mem. Park

ADDRESS

Cambridge Md.

Cambridge

246 REGISTRAR'S SIGNATURE

24a REC'D BY REGISTRAR

0 VS. A15ME 5M 2757

23 FUNERAL DIRECTOR'S SIGNATURE

LeCompte Funeral Service

BUREAU V. E.

DEC ₹ 1927

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PLACE OF DEATH COUNTY DOT Chester						TATE DEPART				•	18	1	184	, ,
**S. COUNTY Dorchester **B. COUNTY Dorchester **B. CITY OR TOWN If authies dependence from white RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the properties from the RURAL ord give necess with the RURAL ord give necess			13	1832 ME	DICA	L EXAMINE	R'S	CERTIFICAT	TE OF	DEATH	Reg. D			•
Cambridge Madison, Id. Madiso	<i>_</i>	1.	PLACE OF DEATH B. COUNTY	Dorcheste	r	MARYLA	- 11	,						
d. NAME OF POSPITAL OR INSTITUTION (# on in boughiol, give street address) 2. NAME OF OPTIGES INC. 3. NAME OF OPTIGE AND HELD IN HIGH IN HIG	-	ž	and give nearest town	1)	EURAL	c. LENGTH OF STAY IN	1Ь				RURAL on	d give n	norest lawn)
OPERASED (Pyear print) (Pyear print) (S. SEX (A. COLDE OR RACE 7. MARRIED NEVER MARRIED 1/26/17 (A. COLDE OR RACE 7. MARRIED NEVER MARRIED 1/26/17 (A. COLDE OR RACE 7. MARRIED NEVER MARRIED 1/26/17 (A. COLDE OR RACE 7. MARRIED NEVER MARRIED 1/26/17 (A. OCCUPATION (Cive kind of work done) (B. CALCE (Pyear 1/26/17) (A. MOTHER'S MAINE (B. CALCE (Pyear) (A. COLDE OR RACE 7. MARRIED NEVER MARRIED 1/26/17 (A. MOTHER'S MAINE (B. CALCE (Pyear) (B. CALCE (Pyear	1			·				d. STREET ADDRESS		1			e. IS RES ON A YES	F
S. SEX Male Negro Negro DIVORCED DIVORCED 1.26/17 Name			DECEASED				goo		OF		1	- /	Yea 19	
Maryland U.S.A. 13. FATHER'S NAME					7. MARRIE	D NEVER MARRIED	-			9. AGE (In years fast birthday)		TYEAR	Hours I	M
13. FATHER'S NAME William Larvin Cooper IS. WAS DECEASED EVER IN U. S. ARMED FORCES? It 6. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? It 6. SOCIAL SECURITY NO. 17. INFORMANT POLICE Dept. Cambridge, Md. IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE BY: IMMEDIATE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. W PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. W PRIMARY LOS of CONTRIBUTING COURSED. (Enter noture of injury in Part I or Part I of item 1B.) Shot gun Wound Of head. 20. FIRM OF INJURY Month, Day, Year 11 P. P. MOV. 16 157 20. INJURY OCCURRED. (Enter noture of injury (Home, form, 20f. (City or town) (County) (How work of Work	1	100			ione 10b. K	CIND OF BUSINESS OR IN	DUSTR	Maryland	or foreign c	ountry)				Ö
15. WAS DECEASED EVER IN U. S. ARNED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Police Dept. Cambridge, Md. It can be determined on the line of		13.	FATHER'S NAME		Coone	22		14. MOTHER'S MAIDEN I						
IB. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSE BY: Interchanial injury Part I. DEATH WAS CAUSE (o) Interchanial injury Provided Couse (o), standard the underlying (c), standard (c), standa		TS.				SOCIAL SECURITY NO.		ORMANT		Address	MA			
gove fits to immediate cause (c), stating the underlying (c), stating the underlying (c), stating the underlying (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. We present the part of the par			PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		for (a), (b), and (c).							evi m	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . 22. ACTUAL SIGNATURE			gove rise to immed (o), stating the	diole couse	Sh	ot gun wou	nd	of head.						
County) Primary Jor Contributing Shot gun wound of head. 20c. Time of Injury Month, Doy, Year 20d. Injury Occurred 20e. Place of Injury (Home, form, 20f. (City or lown) (County) County Hour or mr Nov. 16 157 White of work Parked car. Cambridge, Dor., Inquiry Arcident resulted from: Natural causes Accident Suicide Homicide Not white of work Parked car. Cambridge, Dor., Inquiry Accident resulted from: Natural causes Accident Suicide Homicide Not work Parked car. Cambridge, Dor., Inquiry Accident resulted from: Natural causes Accident Suicide Homicide Not work Parked car. Cambridge, Dor., Inquiry Accident resulted from: Natural causes Accident Suicide Homicide Not work Parked car. Cambridge, Dor., Inquiry Accident Accident Suicide Homicide Not work Parked car. Cambridge, Dor., Inquiry Accident Accident	e .	CATION	PART II, OTH	HER SIGNIFICANT CONI	DITIONS CO	DNTRIBUTING TO DEATH E	BUT NO	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAP	/	PERFOR	
Hour Dambridge Dor Dambridge Dam		CERTIF	20g. EXTERNAL CAU PRIMARY LA OF CON CAUSE OF DEATH.						t I or Port II	of item 1B.)				
death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause ACTUAL SIGNATURE		MEDICAL	Hour a				factor	y, street, affice bldg., etc.	1			,,,	Md.	(
SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER LEXAMINER'S Dr. John Mace Jr. DEPUTY MEDICAL EXAMINER 220. DEPUTY MEDICAL EXAMINER 221. LOCATION (City, town, or county) (City, town, or county)				_				*		· · · · · · · · · · · · · · · · · · ·		_	, and fi	n
EXAMINER'S Dr. John Mace Jr. DEPUTY MEDICAL EXAMINER 11/20/57 220. BURIAL (Specify) 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (City, town, or county)				Jour	2	ence &		, MLD.	_				DATE SIG	ie.
REMOVAL (Specify)			NAME (Type)			Jr.				k 11	1/20/	157		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			Eurial	11/20/		Madison (etery	Mad	ison] fd	(State)	

Cambridge, Md.

e. IS RESIDENCE ON A FARM? YES NO

Hours Min.

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11847

IF UNDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Jane E. Keene MANT Address	
ce Deot. Cambridge, Md.	
ury	hiterval setween bigging the min.
f head.	
RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY PERFORMED?
noture of injury in Port I or Port II of item 18.) head.	
FINJURY (Home, form, 20f. (City or lown) (Countreet, office bldg., etc.) ad car. Cambridge, Dor.	, ,
held an Autopsy 🛴, Inspection 🛣, Inquiry	, and find that
e □, Homicide ☒, Undetermined cause □.	
D. CHIEF MEDICAL EXAMINER	DATE SIGNED
ASSISTANT MEDICAL EXAMINER 1 DEPUTY MEDICAL EXAMINER 11/20/9	57
MATORY 22d. LOCATION (City, town, or county)	(State)
tery Madison	I'd.
240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE 11/20/57 9th 72	



Herbert St. Clair

S.V ULLIN

MINEGERALIN

					AND S	/	0						_		
		Item 2,	Film G	222	837	15/5CER	TIFICA	ATE OF	DEATH	1		Reg	g. Dist. No	. /	116
	1. 1	PLACE OF DEATH S. COUNTY DATCHE	STER			/	ARYLAND	2. USUAL RI o. STATE	ESIDENCE (WI	nere deceased l	ived. If ins b. COU	stitution Re	esidence befo	pre odmis	rion) RCH
	Г	CAMBRID	If outside corpo earest town)	rote limits,	write c	30 YEA			R TOWN (III o	outside corporol	le límíts, wr	rite RURAŁ	ond give ne	orest low	n)
67		CAMBRID	TAL (If not in he	ospitol, give	e street od	ldress)		d. STREE	T ADDRESS					e. IS RES	FARM
6		NAME OF DECEASED (Type or print)		First ILBE			ddle	COTT	tost MAN	4. DATE OF DEATH		Month II	D	ру [Yeor 1957
		ALE	COLOR	ED w	VIDOWED		RCED	8. DATE OF BI		1	AGE (In y lost birthd		NDER 1 YEAR	Hours	ER 24 H
ofter death.	10s	during most of wor	ON (Give kind king life, even i	of work do if retired)	ne 10b KI	PACTORY	S OR INDUS	TRY 11. BIRTS	HPLACE (Stole RYLAND	or foreign cour	nlry)	1:	2. CITIZEN (A A	COUN
	13.	ROUTH C	OTTMAN	Ţ				14. MOTHE	R'S MAIDEN N	MEVII	15				
2 haurs	15	WAS DECEASED EV		AED FORCE		OCIAL SECURITY		NFORMANT		2003	באז ליו די כ	Address	NE M	n	
at within 72		18. CAUSE OF DE PART I. DE	for heat floor or or	y one cous ED BY: AUSE (o)_	2I	6-38-5 for (o), (b), and 4 07	53 k AI BAR		YEU	JMO	/A	N GO	INT	ERVAL BI	
ronsin perintich in any presser l', and in any event within 7	[Yes	18. CAUSE OF DE PART I. DE 14-90 × Conditions, if a gove rise to cose (a), stoling lying couse lost.	ATH [Enter onl ATH WAS CAUS IMMEDIATE C Iny, which immediate the under-	(b)_ DUE TO	se per line	for (o), (b), and	DEATH BUT	NOT RELATED	YEU	JMO	/A	`	INT	ERVAL BI	AUTOP
permit. Then precise in any event within 7	CERTIFICATION	18. CAUSE OF DE PART I. DE L-90 × Conditions, if of gove rise to cotse (o), stoling lying couse lost. PART II. OT 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	ATH [Enter onlean the was caused and the winder of the win	(b)	ie per line	For (o), (b), and	DEATH BUT	NOT RELATED L S L [Enter noture	TO THE TERMI	JMO NAL DISEASE C	CONDITION of item 18	A GIVEN IN	N PART 1(o)	IP. WAS PERFE	A
ronsin perintich in any presser l', and in any event within 7	CATION	18. CAUSE OF DE PART I. DE 14-90 X Conditions, if a gove rise to cose (o), stoting lying couse lost. PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) Hour o. m. p. m.	ATH [Enter onl ATH WAS CAUS IMMEDIATE C INV. which immediate the under HER SIGNIFICA AS UNDERLYING CAUSE OF MEDICAL EXAL	(b)	ITIONS CO Ob. DESCR 20d. INJ While of work	IBE HOW INJUR	DEATH BUT PHI Y OCCURRED	NOT RELATED L L S L (Enter notur	TO THE TERMI	NAL DISEASE C	CONDITION of item 18	A GIVEN IN	INT	IP. WAS PERFE	AUTOP:
e defocted for use as the buriant parmit. Then prose at to burial, cremotion, ar removal, and in any event within 7.	CAL CERTIFICATION	18. CAUSE OF DE PART I. DE. 14-90 X Conditions, if a gove rise to cosse (o), stoting lying couse lost. PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m.	ATH [Enter onl ATH WAS CAUS IMMEDIATE C INV. which immediate the under HER SIGNIFICA AS UNDERLYING CAUSE OF MEDICAL EXAL	(b)	ITIONS CO Ob. DESCR 20d. INJ While of work	IBE HOW INJURED OF WORK OF WORK OF WHILE OF WORK OF STREET	DEATH BUT PHI 20e. PLA foc	NOT RELATED L L S L Enter notur. ACE OF INJUR. T., 19.3	TO THE TERMI of injury in I Y (Home, farm fice bldg., etc.	NAL DISEASE C	CONDITION of item 18 r town)	or GIVEN the	(County)	IP. WAS PERFCYES	AUTOP PRMED? NO (
ronsin perintich in any presser l', and in any event within 7	MEDICAL CERTIFICATION	18. CAUSE OF DE PART I. DE 14-90 X Conditions, if a gove rise to coese (o), stoting lying couse lost. PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) Hour o. m. p. m. 21. I certify !! alive an	ATH [Enter onl ATH WAS CAUS IMMEDIATE C INV. which immediate the under- THER SIGNIFICA TO CAUSE OF MEDICAL EXAM RY Month, D THER I attend TO CAUSE OF THE CAUS	DUE TO (b) DUE TO (c) NT CONDITION DEATH MINER) Poy, Year 19 ed the d	20d. INJ While of work (IBE HOW INJURED OF WORK OF WORK OF WHILE OF WORK OF STREET	DEATH BUT PHI PHI POCCURRED 20e. PLI Foc	NOT RELATED LES LES CENTER noture ACE OF INJUR TOTAL 19.5 OCCURRED VIR.	TO THE TERMI TO THE TERMI Y (Home, farm fice bldg., etc.	NAL DISEASE C	CONDITION of item 18 r town) the cause, city or to the Cause, c	S. Jiho	(County)	IP. WAS PERFCYES	AUTOP PRMED? NO (

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11850 CERTIFICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Dorchester
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL Cambridge C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fural Cambridge
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES NO
3. NAME OF DECEASED First Middle Last , 4. DATE Month Day Year OF
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Months Days Min
WIDOWED DIVORCED POR CED 27 187 1 80 yrs. WILLIAM 100. USUAL OCCUPATION (Give kind of wark done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, ging war or date of service)
Eastern ShoreState Hospital records
1B. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO DUE TO
Conditions, If any, which gave rise to immediate cause (a), stating the under-
Part No. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART No. 19 WAS AUTOPSY
FERFORMED?, YES □ NO 🔼
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18) OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. gr. 19 All work at w
21. I certify that I attended the deceased from March 28, 1956, to Nov 10, 1957, that I last saw the decease alive an 105 10, 1957, and that death occurred at 230 PM, from the causes and on the date stated above
ADDRESS (Street, city or town, state) DATE SIGNI
BUYCHIANIC
NAME (Type) Thomas J. Dredge, M.D. 270 BURIAN CREMATION, 22b. BATE THEREOF , 22c. NAME OF CEMETERY OF CREMATORY 22d. (SQATION) (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE / ADÖRESS / 240. REGISTRAR'S SIGNATURE/
VERWINE Coulon ME pare V 13 1951 John Marcy h

FIREVO A. 2

750 T3 1957

BECENAEL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11850 . 11834 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) g. STATE b. COUNTY MARYLAND Dorchester Co. Dorchester Co. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Cambridge Md. Cambridge Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 114 Glasgow St. YES NO THE lh Glasgow St. Eirst Middle 4. DATE Month Day Yeor OF DEATH (Type or print) Hallie Creighton 19 Nov. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Doys Hours DIVORCED | WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Fishing Waterman Hoopers Island Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert T. Creighton Addie Meekins IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hallie Craichton Cambridge Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** cosse (a), stating the underlying couse tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO T 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While (Not while a. m. at work of work 21. I certify that I attended the deceased from 6 AM, from the causes and on the date stated above. that death occurred at. ADDRESS (Street, city o DATE SIGNED PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Dorchester Mem. Park Cambridge Md. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE eCompte Funeral Service Cambridge Md.

director, iled with Page

death.

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NAME OF

DECEASED

Male

No

Burial

S. SEX



RSTATE		118	35	DICA	P EVWINIM	\$17 \$	CERTIFICA	IE OF D	EAIN	Reg. Dist. No	٥.
TH DEPT.	1,	PLACE OF DEATH				-	2. USUAL RESIDENCE (Where deceased is	ved if institution	n: Residence be	fore admission)
<u>i</u>			chester Co	•	MARY	LAND	* STATE Md.		b. COUNTY	Dorches	ter Co.
		b. CITY OR TOWN (if and give negret) town)	outside corparate filmits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (f outside corpore			
Marie Commercial Comme		Cambridge	Md.		2 Yrs.		Cambrid	ge Md.			
40		d. NAME OF HOSPITA	L OR INSTITUTION (If not in hos	pital, give street address	}	d. STREET ADDRESS				e. IS RESIDENCE
1 ml		Glenburn C	onvelesent	Home			Cmabr	idge Md.			YES NO
		NAME OF DECEASED	Fir		Middle		Lost	4. DATE	Month	Doy	100
		(Type or print)	Sallie		Wilson		Dail	OF DEATH	Nov.	24.	19 57
	5.	\$EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	№ B.			GE in years IE		IF UNDER 24 HR
_	F	emale	White	WIDOWE	DIVORCED [3/1/1866	9	et birthday) N	tonths Days	Hours Min.
100	10	USUAL OCCUPATIO		done 10b. K	IND OF BUSINESS OR	NDUSTI	RY 11. BIRTHPLACE (Store	or foreign count	and the second	12 CITIZEN O	L L F WHAT COUNTR
(1)	1	None	life, even it retired)		None			re RFD #		USA	
" Marine	13	FATHER'S NAME			1,0110		14. MOTHER'S MAIDEN			T ODR	
		Levin	Dail				Sarah	E. Wilso	nn .		
		WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IN	IFORMANT	ne ware	Address		
0	1"	No	Jil yes, give war er dates al	18/VICe)	None	Wi	lson Dail	Cambi	ridge Md		
			H [Enter only one cou	se per line	1	1	<u> </u>	Ognito.	rage na	TRATE	RVAL BET MEEN
		PART 1. DEAT	H WAS CAUSED BY:		Coronary o	occ.	lusion				natant
		420.1	DUE TO							+	.iid oaile
		Conditions, if on									
		gove rise to immed	iote couse	-							
		(o), stating the u	(c)								
	Z	PART II, OTH	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	INAL DISEASE CO	NOITION GIVEN	IN PART I(o) I	9. WAS AUTOPSY
0	SATE										PERFORMEDO
	CERTIFIE	200. EXTERNAL CAU PRIMARY EX or CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE	HOW INJURY OCCUR	RED (Er	oter nature of injury in Po	t Lor Port II of it	em 78 j		
		CAUSE OF DEATH.	IKIBOTINO 🛮								
	MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yeo			e. PLAC	E OF INJURY (Home, formary, street, office bldg., etc.	n. 20f. (City or 1	own)	(County)	(Stole)
	MED	Hour o.m.	19	While of wo		ideig	ry, sincer, writte blog., etc				
		21. I certify the	at I took charge	of the r	emains described	abov	re, held an Autaps	y . Inspe	ection X.	Inquiry [and in my
		opinion death r	esulted from: 1	Natural c	auses 🗓 , Accid	ent [, Suicide ,	Homicide 🔲	, Undeterm	ined manne	er 🗍
			0		_						Brough
		ACTUAL SIGNATURE	John	20	ano 1		M.D. CHIEF MEDICALE	XAMINER	11/2	9/57	DATE SIGNED
E. Her		EVAMINERY	70		1		ASSISTANT MEDIC	AL EXAMINER		1121	
		EXAMINER'S NAME (Type)	r. John	Mace	Jr.		DEPUTY MEDICAL	EXAMINERS TE			
	22	BUR.AL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCATION	(City, lawn, or o	county)	(Stote)
		Burial	11/26/	57	Cambridge	Cem	etery	Cambrio	ige	Md.	
* 4	1	FUNERAL DIRECTOR'S			ADDRESS			D BY REGISTRAR	246. REGISTR	AR'S SIGNATUI	RE 35
111	L	eCompte Fw	neral Servi	ice (ambridge Mo	i.	DATE //	139157	mol	· m	





FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 28 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reforded for your files. 10 FUN. I DIRECTOR: Page 3 should be used as a buriol-tronsit permit. File pages 1 and 2 with the 1. Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any eyent wilkin 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11836 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13072

	1,1000					Reg. Dist. No.	
i	PLACE OF DEATH			2. USUAL RESIDENCE (Y	there deceased lived. If institu	ution Residence befo	ore admission)
	o. county Dorche	ester	MARYLANI	o STATE Mary	rland 6 COUNT	Y Dorone	ester
ı	b. CITY OR TOWN (f outside corporate	bmits, write SURAL	C LENGTH OF STAY IN TH	C CITY OR TOWN (IF	outside corporate timits, write	RURAL and give ne	orest town)
	Cambridge		30 years	Cambridg	ge, Md.		
,				d. STREET ADDRESS			e. IS RESIDENCE
	Cambridge Md.	, Hospita	A.L.	11 Fairmo	ount Ave.		YES NO.
1	DECEASED	First	Middle	Lost	OF	,	Year
L							1957
ľ	_				Amel burthshout		Hours Min.
ŀ	Oa. USUAL OCCUPATION (Give kind during most of working life, even if	of work done 10b K fretired)	IND OF BUSINESS OR INDE	ISTRY 13. BIRTHPLACE (State	or foreign country)		
1	Domestic	E	lome			L USA	•
١	_	1-1 1.7-	- 7				
-							
	[Yes, no, er enknown] (If yes, give war	or dates of service)					
ļ				Daurar Mea	ruet.Tel- pr.c.		
	BART I DEATH WAS CALL	CED BY.				ONSE	AND DEATH
ł	IMMEDIATE C	AUSE (0) Intr	racranial i	njury		1	day _
4		DUE TO Mult	tiple fract	ures of sku	11.	1	day
١		(p)					
1	(a), sloting the underlying						
ł			INTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NALDISEASE CONDITION GIV	VEN IN PART LOVES	WAS AUTOPSY
	5						PERFORMED?
	200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING	206 DESCRIBE			· ·	2000	
			and the same of the same of				
	DI ZOC. TIME OF INJURY MONING					N==	(State) ೬೯.ವ
-							Md.
1	1	_	_				and in my
-	apinian death resulted fi	ram. Natural c	causes []. Accident	Suicide [],	Hamicide [], Undele	ermined manne	r [_]
1	ACTUAL SIGNATURE	- 222	~ EQ)	M.D. CHIEF MEDICAL EX	(AMINER []		DATE SIGNED
PLACE OF DEATH O. COUNTY O. COUNTY							
	NAME (Type) Dr. J	ohn Mace	Jr.	DEPUTY MEDICAL	EXAMINER 12/	3/57	
	720. BURIAL CREMATION, 22b DAT REMOVAL (Specify)	E THEREOF				or county)	(Stale)
	Burial 12/	4/57	Aireys C	U U	Aireys	Md.	_
	7.000 W HODE		ADDRESS		11 100	STRAR'S SIGNATUR	E ()
	Leon W. Henry	Gambrid	ige, Md.	DATE A	13157 70h	n Mac	ex.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, 11852 CERTIFICATE OF DEATH

11853

					بالا						Keg. D	st. No.		
1. PLACE OF DEATH					2. U	SUAL RESIDI	ENCE (Wh	ere decease			on: Reside	nce befor	re admiss	ion)
	rchester Co		MA	ARYLAND			ld.		ь. с	:OUNTY	Doro	hest	ter	Co.
	If outside corporate limi		c. LENGTH OF ST	AY IN 1b	c	. CITY OR TO	OWN (If o	utside corpo	rate limits	, write RI				
Secretary	0.00		Several	Yr.		1860	teta	64/46.	. ×	2	Madi	son		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street	oddress)		,	d. STREET AD	DRESS	44	1			1	e. IS RES	IDENCE
0 1 4 1 4	rick's Con.	Hom	e			Secre	Ydyy	N.d.		-			_	FARM?
3. NAME OF DECEASED	Fil	rsi	Mid	ldle		Last		4. DATE		Moni	lh	Đaj	Y	Year
(Type or print)	Ella		Ма	.e		zhugh		DEATH		ov.		10,		19 57
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MA	RRIED		TE OF BIRTH			9. AGE [I	n years thdays	Months	Dovs	IF UND!	R 24 HRS. Min.
Female	White	WIDOWI	1273	CED 🗍		.9 68			89	yrs,	, Months	Days	FIGURE	Min,
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINES	S OR INDU	JSTRY	11. BIRTHPLA	CE (State o	or foreign c	ountry)		12. CI	TIZEN O	F WHAT	COUNTR
None			None			Howard						USA	A.	
13. FATHER'S NAME					14.	MOTHER'S A	AAIDEN N	AME						
Miles	Earhart					Mary E	lizal	beth A	Alber	ts				
1S. WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17.	INFOR	MANT				Addr	ess			
No	to have dark on one or		None	M	Irs.	Dolle)	Bal	ltimo	re M	d.			
Conditions, if of gave rise to it costs (a), storing lying couse lost. Part II. OT	mmediate ())	CONTRIBUTING TO	DEATH BU	TNOT	related to 1	THE TERMI	NAL DISEAS	E CONDIT	ION GIV	EN IN PAR	RT 1(a) 35	9. WAS PERFO YES [7]	RMED?
30c. TIME OF INJUI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye	or 20d. II	CRIBE HOW INJURY	20e. P	LACE O	er nature of F INJURY (H	ome, form,	. 20f. (City		18.)	(County)		(State)
Hour a.m.	19	While of wor	k ot while			meet, ornice (oldåri alc.							
21. I certify to alive an Constitution of the	Wov. Vactor	deceas 12 6.	511	at death	h acci	, 19 <u>48,</u> urred at 9		M, fran ADDRESS (SI	n the co	uses a	nd an t		te state	decease ed abav ATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify)F	22c. NAME OF C	EMETERY C	OR CRE	MATORY		22d. LOCA	TION (City	, lown, o	or county)		(State	e)
Burial	11/13/57	7	Joppa C	hurch	1			Madis	son	1	Md.			
23 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				240. REC'[BY REGIST	TRAR 24		TRAR'S SI	GNATUR	E	\sim
TeCompto F	unamal Came	riaa	Cambanida	- W -1			DATE 1/ 1	1/~	-	col	_	7	~ ~ (Jan.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUN DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page. If the base remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/S5

2 by the funeral director, d 2 should be filed with

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e. IS RESIDENCE

Dor.

	E.S.S.H.				(C)	mbr	709	مح			YES [NO 🔀
3.	NAME OF DECEASED	Fin	**	Middle		Lost	4. DATE	Mont	1	Doy	Ye	or
	(Type or print)	Frank		F	untain		DEATH	Nov.]	LO	19	ಶ7
. !	SEX		7. MARRIED	- MARRIED NEVER MARRIED 3 8. DATE				9. AGE (In years lost b rithday)	IF UNDER	YEAR	F UNDE	R 24 HRS.
	Male	M.	WIDOWED 🗌	DIVORCED [2/28/8	6		71 yrı.	Months [Days	Haurs	Min.
Oc	. USUAL OCCUPATION	N (Give kind of work of	done 10b. KIND O	F BUSINESS OR INDUS	TRY 11. BIRT	HPLACE (State	ar fareign c	country)	12. CITIZ	EN OF	WHAT (COUNTRY?
	Plumber	me, even ii ienieoj	Plum	oing	M	arylan	i		Ū	J.S.	4.	
13.	FATHER'S NAME				14. MOTHE	R'S MAIDEN N	NAME					
	John F	ountain			Wil	hemina	Mil	lls				
	WAS DECEASED EVER	R IN U. S. ARMED FOI		L SECURITY NO. 17.	NFORMANT			Address				
	No			14-1465	Record	s E.S. S	S. Hos	pital				
-		4 [Enter only one cou									AL BETWEE	
	PART I, DEATH	WAS CAUSED BY:	Cea	rebral vasc	ular a	ccident	ե				?	
	33/x	DUE TO										
	Conditions, if any, which) by Arteriosclerosis										?	
gave rise to immediate cause (a), stating the underlying DUE TO												
	couse lost.											
CATION	PART II, OTHE	R SIGNIFICANT CONE	DITIONS CONTRIBI	TING TO DEATH BUT	NOT RELATED	TO THE TERMI	INALDISEAS	E COND TION GIV	EN IN PART		WAS A PERFOI	NO T
CERTIFI	PRIMARY OF CONT CAUSE OF DEATH.	SE WAS TRIBUTING	b. DESCRIBE HOW	INJURY OCCURRED. (Enter nature o	f injury in Parl	I I or Part li	of item 18.)		· · · ·		
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While			Y (Home, farm fice bldg., etc.		y or tawn)	(Cou	nly]		(State)
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that											
	death resulted from: Notural causes [A], Accident [], Suicide [], Hamicide [], Undetermined cause [].											
	ACTUAL SIGNATURE	h-1	27		M.D. CHIE	F MEDICAL EX	AMINER				DATE SI	GNED
						STANT MEDIC	AL EXAMINE	R 🔲				
	EXAMINER'S NAME (Type)	John Ma	ace Jr.		DEP	ITY MEDICAL I	EXAMINER [x		11	/10/	57
20	BURIAL, CREMATION	, 1700		AME OF CEMETERY OF	CREMATORY			TION (City, town, o	or county)		(5late	
	Burial	11/12	1	r-Mem-Park			T	12 mar and -0 - 3	Md.			
3.	FUNERAL DIRECTOR'S	2000		DDRESS '	3.may 34		D BY REGIST	RAR 24b. REGIS	TRAR'S SIGI	NATURE	0	
	'\ Levoni	pte Funcri	1 Service	e Cambrid	ige, Mo	DATE //	113/5	7 John	- Tha	ec.	pe.	

VS. ATSME(S) SM 9/55

TO FU

BUREAU V. 8:

11855

,							R	eg. Dist.	No.			
PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE								
Dorchester Co.	MAR	(LAND	D. COBINI						ster Co.			
b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town)	b. CITY OR TOWN (If outside corporate limits, write				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Ca mbridge nd.		2 Days		Cambri	idae M	d.						
d. NAME OF HOSPITAL (If not in hospital, and in the control of the	give street (d. STREET ADDRESS					e. 1S	RESIDENCE ON A FARM?		
Cambridge Md. H				214 She	eppard	Ave				г по Т		
3. NAME OF Fit	rst	Middle		Last	4. DAT	E	Month		Doy	Year		
(Type or print) James		R.		Gould	DEA	TH	Novembe	er	27	1957		
S. SEX 6. COLOR OR RACE	7. MARR	IED TNEVER MARRI	ED 🔲 8. (ATE OF BIRTH		9 AC	The second secon	UNDER 1		INDER 24 HRS.		
Male White	WIDOWE			2/5/1883		174	yrs.	Aonths D	ays Ho	ours Min		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUSTR	11. BIRTHPLACE (SI	lote or foreig	n country)	12 CITIZ	EN OF W	HAT COUNTRY?		
Car Repairman		_Auto		Rhodesda	-				USA			
13. FATHER'S NAME				4. MOTHER'S MAIDE	N NAME							
James M. Gould				Hester	Coop	er						
15. WAS DECEASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO), 17. INFO				Address					
No												
18. CAUSE OF DEATH [Enter only one co	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]						INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	sion						ONSET A	IND DEATH				
162X DUE TO												
Conditions, if any, which)	Conditions, if ony, which) bronchogenic carcinoma, Rt. Lung								3 -6 mo.			
gave rise to immediate										1110		
tying couse last. (c)												
		ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TE	RMINAL DIS	EASE CON	NDITION GIVEN	IN PART	(a) 19. W	AS AUTOPSY		
PART II. OTHER SIGNIFICANT CON Arterio scler 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTHEY MEDICAL EXAMINER)	osis,	generaliz	ed						PE	REFORMED?		
E 20a. ACCIDENT WAS UNDERLYING	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)											
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
3 20c. TIME OF INJURY Month, Doy, Ye	ar 20d. IN	UJURY OCCURRED	20e. PLACE	OF INJURY (Home, I	form, 20f. (City or to	wn)	(Co	unty)	(State)		
20c. TIME OF INJURY Month, Doy, Ye Hour a.m.	While at worl	Not while	factor	y, street, office bldg.,	elc.)							
			1, 4, 1,,	30 77	\T OF	7	10/0					
21. I certify that I attended the	deceds:			, 19 <u>57, to_</u>								
dive on	, 182.	.c, and thei	death a	courred at 1:11			e causes and city or town, stat		date s	tated abave. DATE SIGNED		
ACTUAL FOR !	- 1/	11/201	1	7 C T			city of lowin, sign	ej		DATE SIGNED		
SIGNATURE CAN ACC	150	work	М.		ust st	reet						
PHYSICIAN'S NAME (Type) Fildridge H. I	JAT CC	. M.T.		Cambri	2 00 3	[compa]	and					
220 BURIAL, CREMATION, 225. DATE THEREO		22c, NAME OF CEM	ETERY OR C									
REMOVAL (Specify)							(City, town, or c	ounty)		(State)		
Burial 11/29/5 23. FUNERAL DIRECTOR'S SIGNATURE		Cambrid	ige Ce			abrio		A D'C CICA	Md.			
LeCompte Funeral Serv	ri co	Cambridge	Md.		ILL 291	/	24b. REGISTRA	r		0		
The countries I unter Det. A	700	Callot Take	1.100	DATE	111.771	5/	11 10 14	1777	101	>10.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate = been signed by the attending physician and campletely filled page 3 and be detached far use as the burial-transit p=mit. Then please remove carbon papers. Pages 1 the registrate prior to burial, cremation, at remayol, and in any event within 72 hours after death.

and the funeral director,

VS A1S (4) 1SM 9/SS

BAPLVII A' E'
DEC # 1

SECENTED

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ARYLAND	STATE DEPARTMENT	OF H	HEALTH-BALTIMORE,	18
1183	3 CERTIFICATE	OF I	DEATH	

M

Reg. Dist. No.

11856

	1. PLACE OF DEATH					DENCE (Wh	ere deceosed	l lived. If instituti		e before odn	nission)		
-	o. COUNTY Doru	chester Co.	o. STATE Md. Dorchester Co.										
ľ	b. CITY OR TOWN (c. CITY OR		utside corpo	rote limits, write fi								
	RURAL and give nearest town) Cambridge Md.			Life	/2 Cam	bridge	e Md.						
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street address)					DDRESS	O LICE			e. IS F	RESIDENCE A FARM?		
	OR INSTITUTION 303 Washington St.					Lioahi.		CIT			A FARM?		
ŀ													
	DECEASED		Middle) OF	Moi	1th	Day	Year			
-		Nellie	I =	Twilley	Latta		DEATH	Nov.	lië i i i i ne	20.	19 57		
1				IED NEVER MARRIED	B. DATE OF BIRT	H		AGE (In years lost birthdoy)	-	Doys Hou	DER 24 HRS.		
	Female	White	WIDOWE		6/20/1	879		78 yrs.		1			
H	 USUAL OCCUPATION during most of work 	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPI	ACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF WH	AT COUNTRY?		
Я	None			Vone	Ca	mbrid	ge Md.			USA .			
ľ	13. FATHER'S NAME			1	14. MOTHER'S	MAIDEN N	IAME						
-	Wm_ A	Wm. A. Twilley Sophia E. Higgins											
ŀ	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	OO DIII	219		lress				
Ы	NO	(If yes, give war or dates of s		None 1	<u>liss Dori</u>	e C :	Cook	Cambri	dan M	4			
ŀ		THE CENTER ONLY ON A CO			1199 101 1	S U. C	7)	Odulota	u.te I.		DETA/CCh1		
1	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DE									ND DEATH			
1	IMMEDIATE CAUSE (0)												
1	420.1	DUE TO)	<i>(</i>	0	- 10	, ,			2	,		
-	Conditions, if or)	Covone	eny of	my	حظامر	4		-	ys		
-	gave rise to immediate oue TO Coese (a), stating the under DUE TO												
-	lying couse lost. (c) whenly Aur bracks												
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH												
ł	3										NO [
-	200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	finjury in P	ort I or Port	II of item 18.)					
-1	(IF EITHER, NOTIFY	CAUSE OF DEATH											
-	3 20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d, 1h	JURY OCCURRED 20e. P	LACE OF INJURY	Home, form,	20f. (City	or town)	IC	ounty)	(State)		
-	20c. TIME OF INJUR Hour o. m, p. m.	19	While of world	Not while fo	octory, street, offic	e bldg., etc.)		,-	,	(,		
-				7/1/	C 2		11/	7	_				
- 1	21. I certify th	at I attended the	decease	4.0	<u>JZ_, 19</u>	1000		19]	./,that 1	ast saw th	e deceased		
-	alive an	1120	19:	ركي, and that deat	h accurred at	7/A		the causes o		e date sta	ated abave.		
-1		7					ADDRESS (SI	reat, city or town,	state)	,	PATE SIGNED		
-	ACTUAL SIGNATURE	saureny	ma	maniv	M.D		136	Kace	<u>'</u>	'	1129/1		
	PHYSICIAN'S	and an	-0	1122			0-	1 1 1		0 4 · i	,		
	NAME (Type)	-awren	CE	Marhanoi	/		(d)	nbrid	96,1	NY			
Ī	220. BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)	(5	tote)		
ı	REMOVAL (Specify) Burial	12/1/57		Cambridge (emeterr			bridge	Ma				
ı	23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	CARO OCT V	24g, REC'E	BY REGIST	The same of the sa	STRAR'S SIG	NATURE	-		
	LeCompte Fi	LcCompte Funeral Service			Cambridge Md. DATE 1/130/57 John There				a				
F				1100		Dure (/)	() () ()	1-11-6	-14/1	سجحر	Y.Y		

BUREAU V. S.

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1			MARYLAND STATE DEPARTM	MENT OF HEALTI	H-BALTIMORE, 1	8
·		L	11854 CERTIFIC	ATE OF DEATI	Н	1185%6 Reg. Dist. No.
Poge director		1.	PLACE OF DEATH COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (W o. STATE Marvl	b. COUNTY	an: Residence before admission)
deoth: unerol d be fi		Г	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (IF	outside corporate limits, write R	URAL and give nearest town)
fter of houlk		-	rural Cambridge 5 years d. NAME OF HOSPITAL (If not in hospitol, give street oddress)	d. street Address	Tilghman	e. IS RESIDENCE
by fi	16		Eastern Shore State Hospital			ON A FARM? YES NO 3
n 24 ha Filled ² p			NAME OF DECEASED (Type or print) First BELLE	lost Viller	4. DATE Mor OF DEATH	Day 3 Year 195
s. Pog		5. :	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED 10 DIVORCED	8. DATE OF BIRTH 9-25-77	9 AGE (In years lost birthday)	Months Days Hours Min
cuted somp		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
and co	1		Housewife	Maryland		U.S.A
d cort		13.	FATHER'S NAME	14. MOTHER'S MAIDEN I	NAME	
lificol ohysic nove hours				INFORMANT	Add	ress
19 P	^		N. no. or unknown) (If yes, give wer or dates of service)	Eastern Shore	e State Hospita	al Records
deoth tendir pleose vithin		Ė	18. CAUSE OF DEATH [Enter only one cause pen line for (o), (b), and (c).]	4	4.	INTERVAL BETWEEN ONSET AND DEATH
the offi			PART 1. DEATH WAS CAUSED BY: Chronic	Myscarde	elis,	ONDE AND DEATH
that I d by th nit. Th			Conditions, if ony, which) DUE TO Conditions, if ony, which)	carac	nephrite	
require on. signect sit perr nd in a			gove rise to immediate cause (a), stating the underlying cause lost. DUE TO Cathery (c) Long Cathery	in-Seler	esein	
physicia as beer ial-tran		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	YEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO NO
IAN: The ending ficate has bur or rem			20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in	Port I ar Port II of Jem 18.)	, , , ,
PHYSIC of or off his certi- use os emotion,		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. js. p. m. 19 While of wark at wark	PLACE OF INJURY (Home, formation), street, affice bldg., etc	n, 20f. (City or town)	(County) (State)
ING ospit fler i d For			21. I certify that I attended the deceased from.	, 19, to	7.7	"that I last saw the deceased
R: A			alive on 1-23, 195, and that deal	h occurred a 455	M, from the causes o	and on the date stated above.
R ATT ed by t RECTO be det	,		SIGNATURE Extless freeze	M.D	ADDRESS (Street, city or town,	stole) DATE SIGNED
retaine	- 1		PHYSICIAN'S NAME (Type)			
HOSPI boy be a FUNE Bos 3		220	BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
O E O			Burial 11-25-57 Tilghman M.E		Tilghman	Maryland
VS A15 (4) 15M 9/55		S.	FUNERAL DIRECTOR'S STGNATURE ADDRESS	4301	D BY REGISTRAR 24b. REGIS	STRAR'S'S GNATURE
15M 9/55		1	Tilghman, Maryla	na jean	Charles Man	· John Mace by
					4	1

EUREAU V. F

250, CU NUN

BECEINED

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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11859

1	840	CERTIFICA	ATE	OF	DEA	Th

Reg. Dist. No.

1. PLACE OF DEATH o, COUNTY	chester Co	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Dorchester Go.									
The second secon	If outside corporate fimi		c. LENGTH OF STAY II	N 1b	c. CITY OR		ulside carpo	rote limits, white				~ #
Cambinidge			1 Day		Bishops Head Md. X?							
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS		1			. IS RES	DENCE FARM?
	e Md. Hosp	ital			Bish	nops E	Head M	d.				NO 🔯
3. NAME OF DECEASED	Fir		Middle		Los		4. DATE		nth	Day	1	rear
(Type or print)	Ida		Bloodswor	oth	Loore	е	OF DEATH	Nov.		25	. 1	9 57
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIES		8. DATE OF BIRT	Н		9. AGE (In years			IF UNDE	R 24 HRS.
Female	White	WIDOW	ED DIVORCED		4/29/18	379		lost birthday) 78 yrs		Days	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPI	LACE (Stote	or foreign c	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY?
Housewife	king life, even if retired	'	None		Bloods	sworth	Is.	Md.		USA		
13. FATHER'S NAME					14. MOTHER'S				1	0.042		
Andre	w H. Blood	swort	th			Unkr	nown					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CE57 16.		17. II	NFORMANT			Ad	dress			
[Yes, no, or unknown]	(If yes, give wor or dates of s	ervice)	None	ot	is A. Mo	oore	На	rrington	Del.			
	ATH Enter only one co	use per li	pe for (a), (b), and (c).]					- 0		INTE	RVAL BE	TWEEN
	ATH WAS CAUSED BY:		140040	7	11 4	ALL	10F	-		ONS	T AND	DEATH
11 - 18	IMMEDIATE CAUSE (o		1-11-	''	71 7	0			1	1		7
Conditions, if a		. H	JOAN GTA	٥ / د	1.1=	CAR	010	VA-SCU	HAR	-	>	
gove rise to i	mmediate () / /	11	- 12	700		2150	A-50		+		
catse (a), stating lying cause lost.	the under-											
	HER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEA	IH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	VEN IN PA	RT 1(o) 19	. WAS /	UTOPSY
Y HALICE	NALICY	. 6	olon K	DAL	ENChi	X Da	~ 5	- 7			PERFO	RMED?
E 20a. ACCIDENT W.	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of	of injury in I	Port I or Por	t 11 of item 18.)				
PART II. OT A L C 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI HOUR U. m., W	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)				,							_
Z 20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d.	NJURY OCCURRED	20e. PU	ACE OF INJURY I	Home, farm	20f. (Cit	or town)		[County]		(Stote)
Hour v.m.	19	While	k at while	fac	tory, street, offic	e bldg., etc.)	•	· ·	, , ,		,,
			17/	r/.	10 (=°	3 .	11/20	T	day.			
I	nat I altended the	deceas		.T	, 19 <u>_2_/</u>	, ta	1		,that I			
alive an		12.	t, and that	death	accurred at			n the causes		the dat	e state	d abave
ACTUAL	M76	26					A	reet, city or lown	. 1101e]	- 11	12	IE SIGNED
SIGNATURE		1 -	geins	19	M.D	04-1		ce s V				1 4 6
PHYSICIAN'S NAME (Type)	W. H. H	- A	NKS	11)		ALL	BR	D6E	M	d	4	
22a. BUR:AL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC)F	22c. NAME OF CEME	reky o	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
Burial	11/27/57		Dorchester	. Me	m. Park		Cambr	idge	Md.			
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a. REC'I	D BY REGIST	RAR 24b. REG	ISTRAR'S SI	GNATUR		,
LeCompte Fu	uneral Serv	ice	Ca mbridge	e Md		DATE //	129/5	7 90d	un /	Time	1 9	W.

DECEINED

VS. A15ME(5)

5M 9/55

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MA	RYLAND STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18 11860
11855	MEDICAL EXA	AMINER'S C	ERTIFICATE	OF DEATH	
					Reg. Dist. No.

1.	PLACE OF DEATH 0. COUNTY	Dorchester		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryla nd b. COUNTY Baltimore							
t	o. CITY OR TOWN (IF a	utude corporate limits, write	BURAL	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
/	Taylors Is	sland		2 hrs.		Essex Cottack							
्रा	E. NAME OF HOSPITA	L OR INSTITUTION (if not in h	ospital, give street address)		d. STREET ADDRESS o. IS RES							
<u> </u>	Tayl	ors Island				964 Renfrew St.					CON C		
-	NAME OF DECEASED (Type or print)	fir Delber		Middle A. Muns	show	Lost e.Y	4. DATE OF DEATH	Novem		Day 8	Year 19 57		
5. 9				RIED NEVER MARRIED			1	9 AGE Hri years	IF UNDER 1		DER 24 HRS.		
	Male	White	WIDOW	ED DIVORCED		4/17/26		lost buritdoy) yrs.	Months D	lays Hours	Min.		
100	USUAL OCCUPATION	N (Give kind of work life, even if retired)	dane 10b.	KIND OF BUSINESS OR IN	NDUSTR	Y 11. BIRTHPLACE (Stote	ar fareign c	ountry)		EN OF WHA	T COUNTRY?		
<u>/L</u>	Steel wor	ker		Bethelem Sta	eel	Baltimore			U	.S.A.			
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N							
	Walter M	unshower				Ella Ridi	nger						
	WAS DECEASED EVE	R IN U. S. ARMED FO		. SOCIAL SECURITY NO.	17. IN	FORMANT		Address					
لبدأ	0				Wiid	`e	964	Renfrew	St.				
			se per line	e for (a), (b), and (c).]						INTERVAL BETY ONSET-AND D	WEEN BATH		
	PART I, DEATH	I WAS CAUSED 8Y: MMEDIATE CAUSE (o)		Ac cidental	Dre	w ning				ONSET-AND D	tant		
	150.X	DUE TO											
	Conditions, if an	y, which) (b)											
	gave rise to immedi (a), stating the vi												
	cause last.	(c)								<u> </u>			
ŏ	PART II. OTHE	R SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	NAt DISEAS	E CONDITION GE	VEN IN PART	1(a) 19 WAS	AUTOPSY ORMED?		
3										YES 🗍	ио 🏹		
CERTIFICATION	200. EXTERNAL CAUS PRIMARY () OF CON CAUSE OF DEATH.	E WAS 20	b. DESCRI	BE HOW INJURY OCCURR	ED (En	ter nature of injury in Pari	I I or Part !!	of item 18.)					
				iff capsized									
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea	20d.	INJURY OCCURRED 20e	PLAC	OF INJURY (Hame, form y, street, office bldg., etc.	20f (Cit)	or lown)	(Coun	ity)	(State)		
WEI	Haur a.m.	11-8- 19	57 3 4	ile Not while O		sapeake Bay	Tay	lors Isl	and Do	r	Md.		
	21. I certify the	at I took charge	of the	remains described	abov	e, held an Autops	y 🔲 , li	nspection 🕒	, Inquiry	🔼, and	find that		
	death resulted	from: Natural	causes	, Accident X,	Suic	ide 🔲, Homicide	. □, U	ndetermined	cause 🔲.				
	(1									4140.100		
-	ACTUAL SIGNATURE	et con	re	1 l		M.D. CHIEF MEDICAL EX	CAMINER [DAIE	SIGNED		
4	EXAMINER'S	T. laus 36	Too			ASSISTANT MEDIC	AL EXAMINE	R 🔲			_ /-/_		
	NAME (Type)	John Mace				DEPUTY MEDICAL	EXAMINER.			11/1	.1/57		
220	BURIAL CREMATION REMOVAL (Specify)	1, 226, DATE THEREC)£	22c. NAME OF CEMETER			22d. LOCA	TION (City, town,	or county)	(Sto	ole)		
LB	urial	11/15/57		Baltimore	Nat.			imore	Md.				
	FUNERAL DIRECTOR'S		7.1.				D BY REGIST	RAR 24b. REGI	ISTRAR'S SIGN	_			
Б:	rooks Brad	ræa B	altin	nore Md.		DATE //	113/5	7 John	n/Na	rez	- ,		



NOV 14 1557

DECEIVE:

after death! Page

within 24 hours

death certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BURRAU V. E.

DEC ₹ 1825

BECEINED

death.

21 hours

within

MECELVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DEPUTY

OBENO K. S.

MON 13 1821

HEALTH DEPT

TO DEPUTY MEDICAL EXAMINEM: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in penal in them. 18. Give Pages 1. 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reflected for your files. 14 or its designated agent, prior to burial, cremation, ar removal, and in ony event within 72 hours after atta

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VE. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11866 MEDICAL EXAMINER'S CERTIFICATE OF DEATH. 1858 Reg. Dist. No.

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
	Dox	rchester Co		MARYLAND	o. STATE Md. b. COUNTY Dorchester Co.						
	b. CITY OR TOWN (III and give neorest town)	outside corporate limits, write	RURAL	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
	Williamsbu	urg Md.		53 Yrs.	Williamsburg Md. X2						
-	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in h	ospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE						
	Home-Wil	liamsburg M	ld.		Willi	amsburg	Md.		Y	ON A FARMP	
3.	NAME OF DECEASED	Fir	iî .	Middle	Lost	4. DATE OF	Mon	th	Doy	Yeor	
	(Type or print)	Elizabe	th	н.	Smith	DEATH	Non.		21,	19 57	
5.	SEX	6. COLOR OR RACE	7. MARI	RIED TO NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		UNDER 24 HRS.	
F	'emale	White	WIDOW	ED DIVORCED	12/25/187	0	86 yrs.	Months (Pays H	ours Min.	
100	. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S	State or foreign	country)	12. CITIZ	EN OF W	HAT COUNTRY?	
/	None		None	Madis	on Md.			USA			
13.	FATHER'S NAME	14. MOTHER'S MAID		7.2.		O OIL					
		John E. Har	ri no	ton		Annie E	. Harring	rton			
15.	WAS DECEASED EVE	ER IN U. S. ARMED FO	RCES? 16		INFORMANT	TITLE D	Address	1			
3	No	(If yes, give war ar dates of	Idia(Cd)	None	Harrington	Smith	Williams	huma M	IA.		
-		TH Enter only one cau	se per lin		100 1 1115 0011	OHLY OF	MILITIANS	pure 1	-	BETWEEN	
		H WAS CAUSED BY:	Mz	ocardial fa	ilure					Week	
	9040	IMMEDIATE CAUSE (a) DUE TO							-	110022	
1	Conditions, if as										
	gave rise to immed	fiate cause		the state of the s							
	(a), stating the couse last.	onderlying (c)									
Z	PART II, OTH	IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GI	VEN IN PART	1(0) 19. 3	WAS AUTOPSY	
MA									YES	ERFORMED?	
CERTIFICATION	200. EXTERNAL CAU	ISE WAS 20	b. DESCRI	Femur on No	Enter noture of injury in	Part Lor Part I	Lof item 10)		1163	LI NO IX	
100	PRIMARY OF CON	NTRIBUTING 🗵		ped and fel		,					
3	20c. TIME OF INJUI	Y Month, Doy, Yea	r 20d.	INJURY OCCURRED 20e. PL		form, 1 20f. (Ci	ly or town)	(Cour	ityl	(Stote)	
WEDICAL	Hour a.m.	Nov. 3.	57 Whi	le _ Not while _ for	tory, street, office bldg.,	elc.)			**		
2				remains described ab	ome		lliamsbu				
					<u> </u>					and in my	
	opinion death	resulted fram: f	vatural	causes Accident	S' 2nicige	, Hamicid	Undele	ermined m	anner	Ц	
	ACTUAL	4	20	1 ().	CHES MENTS				D.	ATE SIGNED	
	SIGNATURE	form	10	a cyp.	M.D.	L EXAMINER	-				
	EXAMINET'S	n Tohm M		Tag		DICAL EXAMIN	77	/23/5	7		
200		r. Johm M		Jr.		CAL EXAMINERS	<u> </u>	-17	(
770	REMOVAL_(Specify)	N. 226. DATE THEREC)P	77c. NAME OF CEMETERY O			ATION (City, town,	or county)		(Stote)	
22	Burial FUNERAL DIRECTOR	11/24/57		Madison Churc			ison	Md.			
1						REC'D BY REGIS	TKAR 246, REGI	STRAR'S SIGN		0	
	ecompte Fi	uneral Serv	ıce	Cambridge Md.	DATE	11/23/	o/ Joh	~//	race	ja.	

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THAT PROVE

BUREAU V. R.

7801 69 VON . -

BECEINED

BUREAU V. S. ZECT SE NON SE TORY